Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Commercial Auto Schedules & SERFF Tr Num: HNST-125214931 State: Arkansas

Decs

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-025299

Sub-TOI: 20.0001 Business Auto Co Tr Num: 2007AR13CA State Status:

Filing Type: Form Co Status: Phyllis Rakittke Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Phyllis Rakittke Disposition Date: 07-05-2007

Date Submitted: 06-29-2007 Disposition Status: Approved

Effective Date Requested (New): 08-01-2007

Effective Date Requested (Renewal): 08-01-2007

Effective Date Requested (Renewal): 08-01-2007

Effective Date (Renewal): 08-01-2007

2007

General Information

Project Name: Commercial Auto Schedules & Decs Status of Filing in Domicile: Pending

Project Number: 2007AR13CA Domicile Status Comments: N/A

Reference Organization: N/A Reference Number: N/A Advisory Org. Circular: N/A

Filing Status Changed: 07-05-2007

State Status Changed: 07-02-2007 Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Lincoln General Insurance Company would like to file the following new, revised and withdrawn forms.

Company and Contact

Filing Contact Information

Phyllis Rakittke, Product Analyst phyllis.rakittke@lincolngeneral.com

150 Northwest Point Blvd (877) 717-5442 [Phone] Elk Grove Village, IL 60007-1015 (847) 700-8607[FAX]

Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania

P.O. Box 3709 Group Code: 1326 Company Type: Property &

Casualty

3501 Concord Rd

York, PA 17402 Group Name: Kingsway Financial State ID Number:

Group

(717) 757-0000 ext. [Phone] FEIN Number: 23-2023242

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: 1 Form Filing @ \$50 Each

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Lincoln General Insurance Company \$50.00 06-29-2007 14399035

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-05-2007	07-05-2007

Disposition

Disposition Date: 07-05-2007 Effective Date (New): 08-01-2007 Effective Date (Renewal): 08-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	/ &Approved	Yes
Form	Commercial Auto Schedule	Approved	Yes
Form	Schedule of Auto Changes	Approved	Yes
Form	Schedule of Covered Autos You Own	Approved	Yes
Form	Truckers Schedule of Covered Autos Yo Own	ou Approved	Yes
Form	Truckers Schedule of Auto Changes	Approved	Yes
Form	Business Auto Coverage Form Declarations	Approved	Yes
Form	Garage Coverage Form Declarations	Approved	Yes
Form	Garage Coverage Form-Auto Dealers Supplementary Schedule	Approved	Yes
Form	Truckers Coverage Form Declarations	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Schedule	SCHED	06 07	Declaration New s/Schedule		0.00	LGIC CA SCHED 06 07.pdf
Approved	Schedule of Auto Changes	AU- ACHG- CW	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_AU-ACHG- CW 04 05.pdf
Approved	Schedule of Covered Autos You Own	AU- AUTO-CV	04 05 V	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_AU-AUTO- CW 04 05.pdf
Approved	Truckers Schedule of Covered Autos You Own	TU- AUTOS SCHED	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_TU-AUTO SCHED 04 05.pdf
Approved	Truckers Schedule of Auto Changes	TU-AUTO CHANGE S	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_TU-AUTO CHANGES 04 05.pdf
Approved	Business Auto Coverage Form Declarations	AU-DEC- CW	03 06	Declaration Replaced s/Schedule	AU-DEC-CW 01 05	0.00	AU-DEC-CW 03 06.pdf AU-DEC-CW 01 05.pdf
Approved	Garage Coverage Form Declarations	eGR-DEC- CW	03 06	Declaration Replaced s/Schedule	GR-DEC-CW 01 05	0.00	GR-DEC- CW 03 06.pdf GR-DEC- CW 01 05.pdf
Approved	Garage Coverage Form-Auto Dealers Supplementary Schedule	eGR- DEALER SUPP-CW	03 06 V	Declaration Replaced s/Schedule	GR-DEALER SUPP-CW 01 05	0.00	GR-DEALER SUPP-CW 03 06.pdf GR-DEALER SUPP-CW 01 05.pdf
Approved	Truckers Coverage Form Declarations	TR-DEC	03 06	Declaration Replaced s/Schedule	TR-DEC 01 05	0.00	TR-DEC 03 06.pdf TR-DEC 01 05.pdf

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

Unit #:	00	<u> </u>	00	10	00	<u> </u>
	00	JI	U)2	00	ა
Vehicle Description: VIN: Cost New: Stated Amount: Garage Location:						
Territory:						
COVERAGES	- PREMIUMS	, LIMITS AND	DEDUCTIBLES	S (Absence of	a deductible or	limit
entry	in any columi	n below means	s that the limit	or deductible	entry in the	
	corresp	onding ITEM T	WO column a	pplies instead)	
	Limit	Premium	Limit	Premium	Limit	Premium
Liability	\$	\$	\$	\$	\$	\$
Personal Injury						
Added P.I.P.						
Property Protection (Michigan Only)						
Medical Payments						
Medical Expense and Income Loss Benefits						
(Virginia Only) Uninsured Motorist						
Bodily Injury						
Underinsured Motorist Bodily Injury						
U.M. Property Damage						
	Deductible	Premium	Deductible	Premium	Deductible	Premium
Comprehensive						
Specified Causes of Loss						
Collision						
Towing & Labor (Limit per Disablement)						
, p						
<insert *=""></insert>						
<insert *=""></insert>						
Total Unit Premium						

LGIC CA SCHED 06 07 Page X of X

^{*} Insert miscellaneous information such as NY Law Enforcement Fee, City Tax, State Tax, etc.

Unit #:	0	04	00	05	006		
Vehicle							
Description:							
VIN: Cost New:							
Stated Amount:							
Garage Location:							
Territory:							
					a deductible or	r limit	
entry	in any colum	n below means onding ITEM T	s that the limit	or deductible	entry in the		
	Limit	Premium	Limit	Premium) Limit	Premium	
Liability	\$	\$	\$	\$	\$	\$	
Personal Injury							
Added P.I.P.							
Property Protection (Michigan Only)							
Medical Payments							
Medical Expense							
and Income Loss							
Benefits							
(Virginia Only) Uninsured Motorist							
Bodily Injury							
Underinsured							
Motorist Bodily							
Injury							
U.M. Property							
Damage							
	Deductible	Premium	Deductible	Premium	Deductible	Premium	
Comprehensive							
Specified Causes of Loss							
Collision							
Towing & Labor							
(Limit per Disablement)							
<insert *=""></insert>							
<insert *=""></insert>							
Total Unit Premium							
		1		I			

LGIC CA SCHED 06 07 Page X of X

SCHEDULE OF AUTO CHANGES

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name Agent No.

	Ivanie						Agent No.		
Coverage	e affected by the	nis change is Added, I	Deleted or	r Chan	ged as inc	dicated bel	ow.		
Cov- ered Auto No.	Veh. Cov. Is			Except for towing, all physical dam- age loss is payable to you and the loss payee named below as interests may appear at the time of the loss.					
								Loss	hedule of Payees, if licable
		Territory				Purchase	ed.	Class	ification
Cov- ered Auto No.		e Where Covered Auto Principally Garaged	o Will Be	Original Cost New			Actual Cost & New (N) Used (U)	Busin S = Ser R = Ret	ess Use vice
				CI	assificatio	n		'	
Cov- ered Auto No.	Radius	s of Operation	SVW, or Ve- eating city	Age Group	Primar Liab.	y Rating Factor Phys. Damage	Secon- dary Rating Factor	Code	

AU-ACHG-CW (04/05) Page 1 of 2

SCHEDULE OF AUTOS CHANGES (Continued)

Endorsement No.

Named Insured Effective Date:

12:01 A.M., Standard Time

Agent Name Agent No.

Agenti	Name						Agent No.	
	(Absen	ce of a ded	Coverages uctible or	Premiums limit entry in responding 17	, Limits any colu	and l umn Occ	Deductibles below means that the li blumn applies instead)	imit or
Cov-		oility	1110 0011	Soporium y 11	- IVI I V V	P.I.		Added P.I.P.
ered Auto No.	Limit (In Thousands)	1	mium	P.I.P. er	Limit Stated in each P.I.P. endt. minus ded. shown below		Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.								
Cov- ered	Auto Medic	al Payments	5	Medical E	xpense	and	Income Loss Benefits	(Virginia Only)
Auto No.	Limit	Pren	nium	Limit Sta Incom	ted In E e Loss I	ach I Endt	Medical Expense and For Each Person	Premium
Total Prem.								
Cov-	Uninsured	Motorists			Underinsured Motorists		Property Protection	(Michigan Only)
ered Auto No.	Limit (In Thousands)	Premiu	ım	Premiu	ım	Eı m	imit stated in P.P.I. nd.minus iinus deductible nown below	Premium
Total Prem.								
Cov-		Compreh	ensive				Specified Caus	ses of Loss
ered Auto No.	Limit stated in ITEM T deductible shown		Pre	emium			d in ITEM TWO minus ible shown below	Premium
Total Prem.								
Cov-		Collisio	on				Towing and	Labor
ered Auto No.	Limit stated in ITEM T deductible shown	WO minus below		Premium			Limit per disablement	Premium
Total Prem.								

AU-ACHG-CW (04/05) Page 2 of 2

	SCHED	ULE OF C	OVER	ED AUTO	S YOU O	WN				
Named	Insured					Effec	tive Da	ite:		
							12:01 A	.M., Stand	lard Time	
Agent I	Name					Ager	Agent No.			
ITEM THI	REE - SCHEDULE OF COVERED A	AUTOS Y	NO UC	/N						
Cov- ered Auto No.	Year, I Body Ty Vehicle Ide	Descripti Model, Tra pe, Serial ntification	ade Nar	me, er(s), er (VIN)			phy pay loss	ccept for to rsical dama rable to yo s payee nar terests ma ne time of t	ige loss is	
							1	ee Scheduk ayees, if ap		
	Territory		1		Purchase	nd .		Class	ification	
Cov- ered Auto No.	Town & State Where Covered Au Be Principally Garaged	uto Will	(Original C			I Cost w (N) I (U)		ess Use rice il	
Covi		C: C		assificatio		Dating To	-1	Canan		
Cov- ered Auto No.	Radius of Operation	Size G GCW o hicle Se Capa	r Ve- eating	Age Group	Liab.	y Rating Fa Phys Dama		Secon- dary Rating Factor	Code	

AU-AUTO-CW (04/05) Page 1 of 2

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Named Insured Effective Date:

12:01 A.M., Standard Time

Agent	Name					Agent No.			
	(Abse	C nce of a ded: deductible i	overages uctible or n the cor	s Premiums Iimit entry in responding ∏	, Limits ar any colun ΓΕΜ TWO	nd Deductibles nn below means that the column applies instead)	limit or		
Cov-	Lia	ability				P.I.P.	Added P.I.P.		
ered Auto No.	Limit (In Thousands)	Pre	mium	P.I.P. er	ted in eac ndt. minus own below	s Premium	Limit Stated in each added P.I.P. endt. Premium		
Total Prem.				111000111000111000					
Cov- ered	Auto Medi	cal Payments		Medical E	Expense a	nd Income Loss Benefits	(Virginia Only)		
Auto No.	Limit	Prem	nium	Limit Sta Incom	ited In Ead ne Loss Ei	ch Medical Expense and ndt. For Each Person	Premium		
Total Prem.									
Cov-	Uninsured	ninsured Motorists			ured ts	Property Protection	n (Michigan Only)		
ered Auto No.	Limit (In Thousands)	Premiu	ım	Premiu	m	Limit stated in P.P.I. Endt.minus deductible shown below	Premium		
Total Prem.									
Cov-		Compreh	ensive		Specified Causes				
ered Auto No.	Limit stated in ITEM deductible shown		Pro	emium		ated in ITEM TWO minus uctible shown below	Premium		
Total Prem.									
Cov-		Collisio	n			Towing and	d Labor		
ered Auto No.	Limit stated in ITEM deductible shown	TWO minus n below		Premium		Limit per disablement	Premium		
Total Prem.									

AU-AUTO-CW (04/05) Page 2 of 2

SCHEDULE OF COVERED AUTOS YOU OWN

Named	Insured					Effect				
A manut N	Mana							A.M., Stand	ard Time	
Agent N	REE -SCHEDULE OF COVERED A	UTOS Y	OLL OW	/N		Agent	. NO.			
Cov- ered Auto No.	Year, N	Descripti Model, Tra						Except for towing, physical damage los payable to you and loss payee named be as interests may apper the time of the los See Schedule of Lo Payees, if applicab		
	Territory				Purchase	d		Class	ification	
Cov- ered Auto No.	Town & State Where Covered Au Be Principally Garaged	ıto Will	Original Cost New & N			Actual & New Used	/ (N)		ess Use ice il	
				assificatio						
Cov- ered Auto No.	Radius of Operation	Size G GCW o hicle Se Capa	or Ve- eating	Age Group	Primar Liab.	y Rating Fac Phys. Damag		Secon- dary Rating Factor	Code	

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Named Insured Effective Date:

12:01 A.M., Standard Time

Agent	Name					Agent No.	
	(Abse	Cence of a ded deductible i	overages uctible or n the cor	—Premiums Iimit entry in responding I	, Limits ar any colun ΓΕΜ TWO	nd Deductibles nn below means that the column applies instead)	limit or
Cov-		ability				P.I.P.	Added P.I.P.
ered Auto No.	Limit (In Thousands)	Pre	mium	P.I.P. er	ted in eac ndt. minus own below	s Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.						33 60	
Cov- ered	Auto Medi	cal Payments	;	Medical E	Expense a	nd Income Loss Benefits	(Virginia Only)
Auto No.	Limit	Pren	nium	Limit Sta Incom	ited In Ead ne Loss Ei	ch Medical Expense and ndt. For Each Person	Premium
Total Prem.							
Cov-	Uninsured	ninsured Motorists			ured ts	Property Protection	n (Michigan Only)
ered Auto No.	Limit (In Thousands)	Premiu	ım	Premiu	ım	Limit stated in P.P.I. Endt. minus deductible shown below	Premium
Total Prem.							
Cov-		Compreh	ensive			Specified Cau	ises of Loss
ered Auto No.	Limit stated in ITEM deductible shows		Pr	emium		ted in ITEM TWO minus uctible shown below	Premium
Total Prem.							
Cov-		Collisio	n			Towing and	d Labor
ered Auto No.	Limit stated in ITEM deductible show	TWO minus n below		Premium		Limit per disablement	Premium
Total Prem.							9

TRUCKER SCHEDULE OF AUTO CHANGES

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name Agent No.

Coverage affected by this change is Added, Deleted or Changed as indicated below.											
Cov- ered Auto No.	Veh. Cov. Is		Description Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)								
								Loss I	chedule of Payees, if blicable		
Cov- ered	Town & State	Territory Where Covered Auto	a Will Bo			Purchase	Actual Cost	Busin	Classification Business Use S = Service		
Auto No.		rincipally Garaged	o will be	Original Cost New			& New (N) Used (U)	R = Ret			
Carr			Size G		assificatio		Detine Feeter	Casan			
Cov- ered Auto No.	Radius	s of Operation	or Ve- eating city	Age Group	Liab.	y Rating Factor Phys. Damage	Secon- dary Rating Factor	Code			

TRUCKERS SCHEDULE OF AUTOS CHANGES (Continued)

Named Insured Effective Date:

12:01 A.M., Standard Time

Agent Name Agent No.

Agent	Name						Agent No.	
	(Absen	C ice of a dedu deductible i	overages uctible or	—Premiums limit entry in responding 17	, Limits a any colu	and C umn b	Deductibles pelow means that the li lumn applies instead)	imit or
Cov-		oility	ii tiic oon	Coponaing 11		P.I.I		Added P.I.P.
ered Auto No.	Limit (In Thousands)		mium	Limit Sta P.I.P. er ded. sho	ndt. minu	ich us	Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.								
Cov- ered	Auto Medic	al Payments		Medical E	Expense	and I	Income Loss Benefits	(Virginia Only)
Auto No.	Limit	Prem	nium	Limit Sta Incom	ted In Ea e Loss E	ach M Endt.	Medical Expense and For Each Person	Premium
Total Prem.		4486100044861000448610						
Cov-	Uninsured	Motorists		Underinsı Motoris			Property Protection	(Michigan Only)
ered Auto No.	Limit (In Thousands)	Premium		Premiu	ım	Limit stated in P.P.I. End.minus minus deductible shown below		Premium
Total Prem.								
Cov-		Comprehe	ensive				Specified Caus	ses of Loss
ered Auto No.	Limit stated in ITEM T deductible shown		Pre	emium		it stated in ITEM TWO minus deductible shown below		
					l.			
Total Prem.								
Cov-		Collisio	n				Towing and	Labor
ered Auto No.	Limit stated in ITEM TWO minus deductible shown below		Premium		Limit per disablement Premium			
Total Prem.								

BUSINESS AUTO DECLARATIONS

10Li01 No				
Producer				
ITEM ONE				
NAMED INSURED:				
MAILING ADDRESS:				
m, deliver abbitect.				
POLICY PERIOD: Fro	om to _		at 12:01 A.M. Standar	
PREVIOUS POLICY NUMB	ED:		mailing address show	n above.
TREVIOUS FOLICT NOMB	<u> </u>	<u> </u>		
FORM OF BUSINESS:				
CORPORATION	LIMITED LIABILI			DUAL
PARTNERSHIP	OTHER			
IN RETURN FOR THE PAY	YMENT OF THE PREMIUM, A	AND SUBJECT	TO ALL THE TERMS C	F THIS POLICY
WE AGREE WITH YOU TO	PROVIDE THE INSURANCE	AS STATED IN	THIS POLICY.	
Premium shown is payable	at inception:			
AUDIT PERIOD (IF APPLIC	CABLE) ANNUALLY	SEMI- ANNUALLY	QUARTERLY	MONTHLY
	UED TO THE BOLIEV.	ANNOALLY		
ENDORSEMENTS ATTACH	cy Conditions (IL 01 46 in Wa	shington)		
	luclear Exclusion (Not Applica	• ,	x)	
	SEE SCHEDULE OF FORM	IS AND ENDORS	EMENTS	
COUNTERSIGNED		BY		
	(Date)		(Authorized Repres	entative)
NOTE	, ,			•
OFFICERS' FACSIMILE SIG	GNATURES MAY BE INSERT ION.	ED HEKE, ON T	HE POLICY COVER O	K ELSEWHERE

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Auto Coverage Form next to the name of the coverage.								
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM					
LIABILITY								
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.						
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.						
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.						
AUTO MEDICAL PAYMENTS								
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.						
UNINSURED MOTORISTS								
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)								
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".						
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".						
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".						
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO".						
		TAX/SURCHARGE/FEE						
		PREMIUM FOR ENDORSEMENTS						
		*ESTIMATED TOTAL PREMIUM						

^{*}This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

			DESCRI	PTION			PURCHASED					TEF	RRITORY
Covered Auto No.	Yea Seria	ır, Mod al Num	del, Trade ber (S) Ve Number	hicle Ide	Body Type entification	e on		iginal st New		Actua Cost (NEW (USED (& N)	Will Be	n & State nere The ered Auto e Principally araged
					CLAS	SIFICATI	ON						
Covered Auto No.	Of Use		GCW Or Group Vehicle Seating Capacity		Ra	mary ating actor		Secondary Rating Factor	Code	Towing Dama Paya And	CEPT For , All Physical age Loss Is ble To You The Loss Jamed Below		
						Liab.	Ph Da				As Interests May Appear At the Time Of The Loss.		
													_
Covered				imit enti	ry in any o	column be	elow mear	s that	the lin	6 (Absence on the control of the con	ible entı		
Auto No.		LIAB	ILITY				L INJURY			DED P.I.P		OPERTY PF (Michigar	ROTECTION n Only)
	Limit		Prem	ium	In Eac Endt.	Stated h P.I.P. Minus ctible Below	Premi	um	Lim Ea	emium For it Stated In ch Added I.P. Endt.	In Endt Dec	t Stated P.P.I. t. Minus luctible n Below	Premium
Total Premium													

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Auto No.	AUTO ME	DICAL PAYMI	ENTS	MEDICAL E	XPENSE AND II	NCOME LOSS	SS BENEFITS (Virginia Only) Premium of a deductible			
	Limit	Pre	mium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person			Premium			
Total Premium										
Covered Auto No.		COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
Auto No.	COMPREH	IENSIVE	SPECIFIEI OF L	CAUSES OSS	COLL	ISION	TOWING & LABOR			
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium		
Total										
Premium										

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

_	LIABILITY COVERAGE – RATING BASIS, COST OF HIRE											
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	FACTOR (If Liability Coverage Is Primary)	PREMIUM									
TOTAL PREMIUM												
	LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS –											
	(FOR MOBILE OR	FARM EQUIPMENT) -	RENTAL PERIOD BASI	S)								
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM								
	TOTAL PREMIUM											

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM				
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.							
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.							
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.							
TOTAL PREMIUM								

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations	Number Of Employees		
And Other than Social Service Agencies	Number Of Partners		
Garage Service Operations	Number of Employees Whose Principal Duty Involves The Operation of Autos		
Social Service Agencies	Number Of Employees		
	Number Of Volunteers		
		TOTAL	

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

		RATI	ES					
ESTIMATED YEARLY		0 of Gross Rec	ceipts PREMIUMS					
	Per Mile)			LIABILITY AUTO MEDICAL INCOME COVERAGE MEDICAL EXPENSE LOSS BENEFITS BENEFITS			
Gross Receipts Mileage	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)		MEDICAL	EXPENSE	LOSS
	TOTAL PREMIUMS							
			PREMIUMS					

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- **A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- **D.** C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

BUSINESS AUTO COVERAGE FORM DECLARATIONS

Policy Number

ITEM ONE	
Named Insured	Agent Name
	Effective Date:
	12:01 A.M., Standard Time
	Agent No.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

	Coverages	Covered Autos**		Limit we will pay for any accident or loss	Premium		
Liabilit	у						
Persor	nal Injury Protection***		Separately minus	y stated in	each P.I.P. endorsement Ded.		
Added Protec	Personal Injury tion****			Separately stated in each added P.I.P. endorsement.			
Property Protection Insurance (Michigan only)			Separately minus accident	y stated in	the P.P.I. endorsement Ded. for each		
Auto N	/ledical Payments						
Medical Expense and Income Loss Benefits (Virginia only)			Separately Stated In Each Medical Expense And Income loss Benefit Endorsement				
Uninsu	ured Motorists						
Underi include	insured Motorists (When not ed in UM Coverage)						
P Comprehensive Coverage H D			Actual cash value or	cash applies to loss caused by fire or			
I A C	Specified Courses of Loss		cost of repair, which- ever is	ered aut	ded. for each cov- o for loss caused by mischief alism.*****		
	Collision Coverage		less minus	ered aut	ded. for each cov- o.****		
L	Towing and Labor		private pa				
	and Endorsements applying to f this policy at time of issue:	this coveraç	ge part and	made a	Tax/Surcharge/Fee		
•	, ,				I Premium for Endorsements I		

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Premium for Endorsements *Estimated Total Premium

This policy may be subject to final audit.

- Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.
- Or equivalent No-Fault Coverage
- Or equivalent added No-Fault coverage
- See ITEM FOUR for Hired or Borrowed "Autos".

This policy declaration and the supplemental declaration(s), together with the common policy conditions, coverage parts, coverage form(s) and forms and endorsements, if any, complete the above numbered policy.

Total Premium	Policy I	number:				BO	SINESS AUTO	DECLARATI	IONS (Continued)
State Estimated Cost of Hire Rate Per Each \$100 Cost Factor (if Liability Coverage State State State State Rate Per Each \$100 Cost Factor (if Liability Coverage State	ITEM TH	IREE -SCH	EDULE O	F COV	ÆRED AUTOS YOU OWN				-
State		SEE S	CHEDULE	OF C	OVERED AUTOS YOU OV	VN			
State	ITEM FO	UR - SCHE	DULE OF	HIRE	D OR BORROWED COVER	RED AUTO C	OVERAGE ANI	PREMIUMS	5
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Coverages Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Actual Actual Specified Causes of Loss Or cost of Loss Premium Cost of Hire Whichever is less, minus ded. for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.				LIAB	BILITY COVERAGE - RATIN	NG BASIS, CO	OST OF HIRE		
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Collision Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. ded.	State			ire		Factor (if Li is F	ability Coverag Primary)	е	Premium
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Collision Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. ded.									
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Collision Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. ded.									
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Collision Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. ded.									
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Collision Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. ded.									
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Collision Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. ded.									
rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. PHYSICAL DAMAGE COVERAGE Limit of Insurance The Most We Will Pay Deductible The Most We Will Pay Deductible Cost of Hire Actual Actual Specified Causes of Loss Of Loss Collision Cost of Hire Whichever is less, minus ded. for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.	['			Total Premiu	m	-		
Coverages Limit of Insurance The Most We Will Pay Deductible Cost of Hire Cost of Hire Rate Per Each \$100 Annual Cost of Hire Premium Premium Cost of Hire Actual cash value, or cost of repair Collision Whichever is less, minus ded. for each covered auto, but no deductible applies to loss caused by fire or lightning. whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.	rent from	n your partne	ers or "em _l	ployees	es" or their family members)	utos" you don . Cost of hire	't own (not incl e does not inclu	uding "autos' ıde charges f	'you borrow or or services
Coverages Limit of Insurance The Most We Will Pay Deductible Cost of Hire Whichever is less, minus for each covered auto, but no deductible applies to loss caused by fire or lightning. Specified Causes of Loss Value, or cost of repair Collision Limit of Insurance Annual Cost of Hire Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Fach \$100 Annual Cost of Hire Whichever is less, minus ded. Cost of Hire C	PHYSIC	AL DAMAGE	COVERA	GE					
Comprehensive Actual Cash Value, of Loss Collision Actual Collision Actual Cash Value, or cost of whichever is less, minus ded. for each covered auto, but no deductible applies to loss caused by fire or lightning. Whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. Whichever is less, minus ded.	Cov	Coverages The Most We Will Pay				Annual Cost of	Each \$100 Annual Cost of	Premium	
Specified Causes of Loss value, or cost of repair Collision value, or cost of whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism. whichever is less, minus ded.	Compr	ehensive	for each covered auto, but no deduc			o deductible			
Collision whichever is less, minus ded.		of Loss value, or cost of repair		ded.	d. for each covered auto for loss caused				
	Col			1		ded.			
Total Premium							To	al Premium	

Policy Number: BUSINESS AUTO DECLARATIONS (Continued					
ITEM FIVE — SCHEDULE FO	 OR NON-OWNERSHIF	P LIABILITY			
Named Insured's Business	Rating Bas		umber	Premium	
Other than A Social Service	Number of Employe	ees			
Agency	Number of Partners	s			
Control Comittee Agency	Number of Employe	ees			
Social Service Agency	Number of Voluntee	ers			
			Total Premium		
ITEM SIX — SCHEDULE FOR LEASING RENTA		OR MILEAGE BASIS - LI	ABILITY COVERAG	E -PUBLIC AUTO OR	
		ates			
Estimated Yearly Gross Receipts	Per \$100 of 0 Per Mile	Gross Receipts	Premiums		
∐ Mileage	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments	
		 			
		Tatal Dramiuma			
		Total Premiums Minimum Premiums			
When used as a premium base FOR PUBLIC AUTOS Gross Receipts means the		ch you are entitled for trar	nsporting passenge	rs mail or merchandise	
during the policy period does not include:	regardless of whether	r you or any other carrier o	originate the transpo	ortation. Gross Receipts	

- **A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- **B.** Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- **D.** C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

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GARAGE DECLARATIONS

POLICY NO.:				
Producer				
ITEM ONE NAMED INSURED: MAILING ADDRESS:				
-	at 12:01 A.M. Standa	to ard Time at your mailing	 address shown abov	/e.
FORM OF BUSINESS: CORPORATION PARTNERSHIP IN RETURN FOR THE PAYMENT WE AGREE WITH YOU TO PROVIDE	OTHEROTHER	BILITY COMPANY M, AND SUBJECT TO AS STATED IN THIS F	ALL THE TERMS (POLICY.	
Premium shown is payable at incept AUDIT PERIOD (IF APPLICABLE)	tion: ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
ENDORSEMENTS ATTACHED TO 1 IL 00 17 – Common Policy Condit IL 00 21 – Broad Form Nuclear Ex	tions (IL 01 46 in Was xclusion (Not applica	• ,	:NTS	
COUNTERSIGNED		BY		
NOTE OFFICERS' FACSIMILE SIGNATURE THE COMPANY'S OPTION.				SEWHERE AT
THIS DECLARATION MUST BE CO	WILLEIED RA THE &	ALLACHMENT OF A SU	JPPLEMENTARY SCI	HEDULE.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM	
LIABILITY		Each "A "Gar Opera "Auto" Only	age	Aggregate – "Garage Operations" Other Than "Auto" Only		
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)			SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS			
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY ST ENDORSEMENT				
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.				
MEDICAL PAYMENTS						
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY ST EXPENSE AND IN ENDORSEMENT	ICOME LOSS BE			
UNINSURED MOTORISTS						
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)						
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY ST ITEM SIX.	ATED FOR EACH	LOCATION IN		
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY ST ITEM SIX	ATED FOR EACH	I LOCATION IN		

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

^{*}This policy may be subject to final audit.

GARAGE COVERAGE FORM DECLARATIONS

Policy Number

ITEM ONE	_	_			
Named Insured		Agent Nan	ne		
		Effective D	Jate.	12:01 A M	, Standard Time
		Agent No.	Jaic.	12.01 A.W.	, Standard Time
ITEM TWO - SCHEDULE OF COVERAG	ES AND COVE				
			he premium	column below. Each	of these cover-
This policy provides only those coverage ages will apply only to those "autos" show erage by the entry of one or more of the the name of the coverage. Entry of a sym	wn as covered "a symbols from the abol next to LIAE	autos". "Autos" a le Covered Auto BILITY provides	are shown a os Section o s coverage f	as covered "autos" for of the Garage Covera or "garage operation	or a particular cov- age Form next to s".
Coverages Covered Autos **		L	imit Operations"		Premium
Autoo		ach "Accident"		Aggregate	
Liability	"Auto"		er Than	Other than "Auto" Only	
	Only	Auto	o" Only	Auto Only	
Personal Injury		ated in each P.I		ment	
Protection**** Added Personal Injury	minus		ed.		
Protection****	, ,	ated in each add			
Property Protection In- surance (Michigan only)	Separately sta	ated in the P.P.I			
Medical Payments	Ded. for each accident.				
Medical Expense and In-	Separately state in each medical expense and income loss				
come Loss Benefits (Vir- ginia only)	Benefits endo				
Uninsured Motorists					
Underinsured Motorists					
(When not included in UM Coverage)					
Garagekeepers Compre-	Garagekeeper	rs limits and de	ductibles are	e displayed on:	
hensive Coverage Garagekeepers Specified	4				
Causes of Loss Coverage		SUPPLEMENT	ARY SCHEI	DULE	
Garagekeepers Collision					
Coverage	Actual				
P Comprehensive	Actual cash a	uto but no dos		each covered loss caused by	
H D Coverage	I ~		i. applies to	loss caused by	
Y A	cost of	<u> </u>	ded. for ea	ch covered auto	
S M Specified Causes of Loss Coverage	repair, fo	or loss caused			
I A	ever is	sm. * * * * *			
C G Collision	less		ded. for	each covered	
A E Coverage	minus auto.****				
L Towing and Labor	for each disablement of a private passenger "auto".				
Forms and Endorsements applying to the	is coverage part		Tax/Surch	arge/Fee	
part of this policy at time of issue: Premium for Endorsements					
SEE SCHEDULE OF FORMS AN				Total Premium	D AUTOS Saation
* This policy may be subject to final audit ** Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which "autos" are covered "autos"					
*** Or equivalent No-Fault Coverage	****Or equiva	alent added No-	-Fault Cover	age	
***** See Supplementary Schedule for dealers "autos" and "autos" held for sale by trailer dealers and non-dealers. THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A					

SUPPLEMENTARY SCHEDULE

GARAGE COVERAGE FORM – AUTO DEALERS' SUPPLEMENTARY SCHEDULE

ITEM THREE

LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION NO.	ADDRESS State Your Main Business Location As Location No. 1.

ITEM FOUR LIABILITY COVERAGE - PREMIUMS

Location No.	Classes Of Operators	Rating Factor (s)	Number Of Persons	Rating Units	Total Rating Units	Liability Prem.	P.I.P. Prem.	Prop. Prot. Prem. (MI Only)	Med. Exp. Ben. Prem. (VA Only)	Inc. Loss Ben. Prem. (VA Only)
	Class I – Employees Regular Operators									
	Class I – Employees All Others									
	Class II – Non- Employees Under Age 25									
	Class II – Non- Employees Age 25 Or Over									
	All Employees (only for Trailer Dealers)									
	Class I – Employees Regular Operators									
	Class I – Employees All Others									
	Class II – Non- Employees Under Age 25									
	Class II – Non- Employees Age 25 Or Over									
	All Employees (only for Trailer Dealers)									
			то	TAL PREMIU	JMS					

Definitions

Class I - Employees

Regular Operator - Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the

operation of covered "autos" or who is furnished a covered "auto".

All Others – All other "employees".

Note

- 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
- 2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

GR-DEALER C/W 03 06 Page

ITEM FIVE

LIABILITY COVERAGE FOR YOUR CUSTOMERS

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with	ı
Paragraph a.(2)(d) of Who Is An Insured under Section II Liability Coverage	

	If this box is checked Paragraph	a.(2)(d) o	of Who Is	An Insured	under Sec	tion II - Liabili	ty Coverage	does
	not apply.							

ITEM SIX

GARAGEKEEPERS COVERAGES AND PREMIUMS

Location No.	Coverages	Limit Of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)					
	Comprehensive	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR					
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.					
	Collision	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.					
	Comprehensive	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR					
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.					
_	Collision	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.					
	Comprehensive	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR					
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.					
	Collision	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.					

PREMIUM FOR ALL LOCATIONS

Comprehensive	
Specified Causes Of Loss	
Collision	

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

EXCESS	INSUR	ANCE
 ENGEGG	IIIOUN	MINCE

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

PRIMARY INSURANCE

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

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ITEM SEVEN

PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "X".

autos anu	Hieresi	3 indicated	d below by A.								
COVERAGES		TYF	PES OF "AUTOS"	INTERESTS COVERED							
		New "Autos'	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale				
Comprehens	ive										
Specified Causes Of Lo	oss										
Collision											
LOCATION COVERAGES		ERAGES	LIMIT OF INSU	RANCE FOR EACH	RATES	PREMIUM					
	Spo Cause Comp	rehensive ecified is Of Loss rehensive ecified is Of Loss	FOR EACH COVERE THEFT OR MISCHIE	F OR VANDALISM S MUM DEDUCTIBLE EVENT; OR MINUS BJECT TO IBLE FOR ALL SUC MINUS D AUTO FOR LOSS F OR VANDALISM S MUM DEDUCTIBLE EVENT; OR MINUS BJECT TO	DEDUCTIBLE CAUSED BY SUBJECT TO DEDUCTIBLE CAUSED BY SUBJECT TO FOR ALL SUCH DEDUCTIBLE						
	Comp	rehensive	ONE EVENT.	MINUS	DEDUCTIBLE						
		ecified s Of Loss	FOR EACH COVERE THEFT OR MISCHIEI MAXI LOSS IN ANY ONE E FOR ALL PERILS SU MAXIMUM DEDUCT ONE EVENT.	F OR VANDALISM S MUM DEDUCTIBLE EVENT; OR MINUS BJECT TO	SUBJECT TO FOR ALL SUCH DEDUCTIBLE						
			FOR EACH COVERE	INUS [D AUTO. NNUAL COLLISION							
All	Collision		First \$50,001 Over Adjustment P \$50,000 To \$100,000 \$100,000 Factor								

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

Additional locations where you store covered "autos" In transit

TOTAL PREMIUM

ITEN	SEVE	N (Cont'd)
PREI	мим і	BASIS - Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X").
	REPO	RTING BASIS (Quarterly or Monthly as indicated below by "X")
	location covered member location	nust report to us on our form the location of your covered "autos" and their total value at each such on. For your main sales location identified as location no. 1, you must include the total value of all ed "autos" you have furnished or made available to yourself, your executives, your "employees" or family ers and other Class II — Non-Employees, and covered "autos" that are temporarily displayed or stored at ons other than those stated in ITEM THREE above. For your main sales location you must include the alue of all service vehicles.
	YOUR	REPORTING BASIS IS:
		QUARTERLY
		You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.
		MONTHLY
		You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.
	end of	ums will be calculated pro rata of the annual premium for the exposures contained in each report. At the f each policy year we will add the monthly premiums or the quarterly premiums to determine your final um due for the entire policy year. The estimated total premiums shown above will be credited against the remium due.
	NONF	REPORTING BASIS
_	Stated	l limit of insurance shown above applies.
Los	s Paye	ee - Any loss is payable as interest may appear to you and:
		Son Schodulo of Loss Payon(s)

ITEM EIGHT

MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM		
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.			
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.			
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.			

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ITEM NINE

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

	DESCRIPTION					PURCHASED					TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Bo Serial Number (S) Vehicle Iden Number (VIN)						Original Cost New		Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
_												
				CL	ASSIFICAT	TION						
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=comme ial	se GCW C vice Vehicle Se ail Capaci		Age Group	R	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May	
-						Liab.	iab. Phy. Dam.				Appear At the Time Of The Loss.	
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								ible				
						IAL INJURY AI		DDED P.I.P PRO		PERTY PROTECTION (Michigan Only)		
	Limit	Premium			Pre	Premium I		emium For nit Stated In ach Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below		Premium	
Total Premium												_

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ITEM NINE

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS. (Cont'd)

Covered Auto No.		COVERAGE or limit	entry in any co	IUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible y column below means that the limit or deductible entry responding ITEM TWO column applies instead.)							
Auto No.	AUTO ME	DICAL PAYMI	ENTS	MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)							
	Limit	Pre	mium	Medica Income Lo	Stated In Each I Expense and oss Endorseme Each Person	nt	Premium				
		7 EL SAN EL SE	TANKS OF MA								
Total Premium											
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)										
Auto No.	COMPRE	HENSIVE		D CAUSES LOSS	COLL	ISION	TOWING & LABOR				
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium			
Total Premium											

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ITEM TEN

LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF D	RIVER TRIPS	RATE	PREMIUM
51-200 Miles			
Over 200 Miles			
		TOTAL	

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GARAGE DECLARATIONS

POLICY NO.:							
Producer							
ITEM ONE NAMED INSURED:							
MAILING ADDRESS:							
	at 12:01 A.M. Star			– addi	ress shown abov	/e.	
FORM OF BUSINESS: CORPORATION PARTNERSHIP IN RETURN FOR THE PAYMENT WE AGREE WITH YOU TO PROVID	OF THE PREM	IUM, A					THIS POLICY
Premium shown is payable at incept	ion:						
AUDIT PERIOD (IF APPLICABLE)	ANNUALL	Y	SEMI-ANNUALLY		QUARTERLY		MONTHLY
ENDORSEMENTS ATTACHED TO 1 IL 00 17 - Common Policy Condit IL 00 21 - Broad Form Nuclear Ex	tions (IL 01 46 in to clusion (Not app	olicable	•	NTS			
COLINTEDSIONED			ВУ				
COUNTERSIGNED	(Date)			'Aut	horized Represe	ntati	ve)
NOTE OFFICERS' FACSIMILE SIGNATURI THE COMPANY'S OPTION.	,	ERTED		`	•		,
THIS DECLARATION MUST BE CO	MPLETED BY TH	IE ATT	ACHMENT OF A SU	PPL	EMENTARY SC	HED	OULE.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)		PREMIUM		
LIABILITY		Each "Accident" "Garage Operations" "Auto" Only Other Than "Auto" Only		Aggregate – "Garage Operations" Other Than "Auto" Only	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY ST ENDORSEMENT DEDUCTIBLE.			
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY ST ENDORSEMENT			
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY ST ENDORSEMENT DEDUCTIBLE FO			
MEDICAL PAYMENTS					
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY ST EXPENSE AND IT ENDORSEMENT	NCOME LOSS BE		
UNINSURED MOTORISTS					
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)					
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY ST ITEM SIX.			
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY ST ITEM SIX	ATED FOR EACH	I LOCATION IN	

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	-
		*ESTIMATED TOTAL PREMIUM	

^{*}This policy may be subject to final audit.

Policy	Number	:									
				G	ARAGE C	OVERAGE	FORM				
				UTO DEAL				EDULE			
	THREE -	-LOCATION									
Loc.		Address - St	ate your ma	ain business	location	as location	n no. 1.				
_											
ITEM	FOUR	LIABILITY C	<u>OVERAGE -</u>		<u>S.</u>		1	ı	Property	Med. Exp.	IInc. Loss
Loc.	Classe	es of Operato	rs Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Prem.	P.I.P. Prem.	Protect. Prem. (MI Only)	Ben. Prem. (VA Only)	Ben. Prem. (VA Only)
	Class I -	Reg. Opera	tors								
	Employee	S All Others			_						
	Class II -	Under Age 2	25								
	Non- Employee	Age 25 or O	ver			1					
	Class I -	Reg. Opera	tors								
	Employee	S All Others				1					
	Class II -	Under Age 2	25								
	Non- Employee	Age 25 or O	ver		_	1					
Do	efinitions		l		Total Pr	emium					
C		Employees ar Operator	D			. (('	d a la dia H			lespersons,	
C	All Othote: 1. 2. ass II — Ar of	ners Part-time er be counted Part-time er be counted Non-Employe by of the follo	mana cover - All oth nployees we as 1 rating nployees we as 1/2 ratin es wing persor ir relatives a	gers, serviced "autos" oner employed orking an avoir each. orking an avoir each and unit each are in a who are in and the relations.	e manage or who is sees. verage of verage of regularly fitives of ar	ers, any en furnished 20 hours of less than 2 furnished on any person	nployee who a covered " or more a w 20 hours a w with a cove	ose princip auto". eek for the week for the red "auto":	eal duty invo	lves the ope weeks worke f weeks worl	ration of ed are to ked are to
		IABILITY CO									
In acc	ordance	with paragrap	oh a.(2)(d) (of WHO IS	AN INSUF	RED under	SECTION	II – LIABII	LITY COVER	RAGE, Liabil	ity cover-
age 10	•	ustomers is lii is box is ched			•		SLIDED und	lor SECTIC)		DAGE
	⊔ doe	s not apply.	nca, paragi	apri a.(2)(u) OI VVI IO	IO AIV IIV	JONED and	ici olotic		ALITI OOVL	IVAOL
ITEM	SIX — GA	RAGEKEEPE	RS - COV	ERAGES AN	ID PREM	IUMS					
Loc.	С	overages		surance For ding ITEM 1					luctible belo	w means tha	at the
	Spe Cau	nprehensive cified ses of Loss	mischief o	minu r vandalism to	or	ım ded. fo	minus r all such lo	ded ss in any d	d. for all peri	used by the ls.	ft or
		ision		minu	S		r each cove				
		nprehensive	minable o	minu		ded. fo				used by the	ft or
		cified ses of Loss	All subject	r vandalism; to		ım ded fo	minus r all such lo		d. for all peri one event	15.	
		ision		minu			r each cove				
					Premi	um for All	Locations				
		ge Options		D'			Ţ	Specifie			
Indica		with an "X" w	nicn, if any,	Direct Cov	erage Op	tion is	<u> </u>	Causes of Collisio			
261601	Excess	Insurance – I	f this box is	checked, G	aragekee	pers Cove	rage remair			l liability bas	is. How-
	ever, co on an ex	verage also a ccess basis o sured's" inter	pplies withover any othe	out regard to er collectible	your or insurance	any other ce regardle	"insured's" ss of wheth	egal liabilit	y for "loss" t	to a custome	er's "auto"
		Insurance —						nged to an	ply without	regard to vo	our or
Ш		er "insured's"								5 ,	

Policy	Number:									
- · - <i>y</i>				GARAC AUTO DEALERS	SE COVERAGE F	_				
ITEM S	ITEM SEVEN - PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS									
		ng PH	IYSICAL DA	AMAGE coverages			plies only to th	e types of "autos"		
	verages			f "Autos"		Interest	s Covered			
	New "Autos" Used "autos", Demonstrators and Service Vehicles			Demonstrators and Service	Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interer and the interest of a creditor nan as a loss payee	owned by you or any creditor ned while in your		
	ehensive									
Specifi	ied			П	П	П				
Cause	s of Loss on						+ -			
Loc.	Coverage	es		Limit of Insurance	e for Each Location	on l	Rates	Premium		
200.				minus	ded. f	or each	raiss	1 1011110111		
,	Specified Causes of I		vandalism all perils.	uto for loss cause ; or All subject to in any one event	minus maximui	ded. for m ded. for all				
	Compreher	nsive		minus uto for loss cause	d by theft or misc	I				
	Specified Causes of I	Loss		; or All subject to in any one event	minus maximui	ded. for m ded. for all				
			auto	minus		each covered				
ALL	Collision		First \$50		al Collision Rates o \$100,000 Ov	ver \$100,000	Adjustment Factor	Premium		
O lim	alt of loon wow		. "			Total Premiu	m			
Our iin	nit of insurar			cations other than ocations where yo						
Premiu	_	•	• ,	rly or Monthly) or erly or Monthly as		_	eed Upon by ">	(").		
your m furnish Emplo	ust report to nain sales loo ned or made yees, and co	us or cation availa overed	n our form to identifed as ble to yours "autos" that	he location of you s location no. 1, you self, your executive t are temporarily of location you must	r covered "autos' ou must include thes, your employe lisplayed or store	and their total value of a ces or family mem d at locations otl	all covered "aut bers and other ner than those	tos" you have · Class II - Non-		
	Your Rep	-		·						
	Quarterly You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.									
	☐ N	lonthi otal va	y You mu llues you ha	ust give us your re ad on the last busi	ports by the fifteeness day of the p	enth of every mo receding month.	nth. Your repo	rts will contain the		
policy	year we will	add th	ne monthly i		uarterly premium	s to determine yo	our final premiu	t. At the end of each um due for the entire		
,	•		•	ated limit of insura		•	,			
Loc.	—			payable as interest						
				See	Schedule of Los	ss Payee(s)		-		

Policy Number:									
	GARAGE COVERAGE FORM								
AUTO DEALERS' SUPPLEMENTARY SCHEDULE									
ITEM EIGHT - MEDICAL PAYMENTS (SPECIFIED CAR BASIS	COVERAGE — REFER TO ITEM NINE FOR COVERED 5.	AUTOS INSURED ON A							
Coverage	Premium Determination	Premium							
Auto Medical Payments Only	Auto Medical Payments Premium equals 9 the Liability Premium	% of							
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)	Premises and Operations Medical Payments Premi equals % of the Liability Premium	um							
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payme Premium equals % of the Liability Premium								
	ED AUTOS WHICH ARE FURNISHED TO SOMEONE R OR WHICH ARE INSURED ON A SPECIFIED CAR								
SE	E SCHEDULE OF COVERED AUTOS YOU OWN								
ITEM TEN - LIABILITY PREMIUM FOR	PICK UP AND DELIVERY OF AUTOS - NON-FRANC	CHISED DEALERS ONLY							
Number of Driver Trips	Rate	Premium							
51-200 miles									
Over 200 miles									
,	Total Premium								

TRUCKERS DECLARATIONS

POLICY NO.:							
Producer							
ITEM ONE NAMED INSURED:							
MAILING ADDRESS:							
		t .M. Standar				ddress shown ab	oove.
PREVIOUS POLICY NUMBER:			_				
FORM OF BUSINESS: CORPORATION PARTNERSHIP	=	IITED LIAB				INDIVI	
IN RETURN FOR THE PAYMENT WE AGREE WITH YOU TO PROVID							S OF THIS POLICY,
Premium shown is payable at incep	tion:						
AUDIT PERIOD (IF APPLICABLE)	AN	NUALLY	SEMI-AN	INUALLY		QUARTERLY	MONTHLY
ENDORSEMENTS ATTACHED TO IL 00 17 - Common Policy Cond IL 00 21 - Broad Form Nuclear E	itions (IL (01 46 in Was	• ,	/ York)			
SE	E SCHEDU	JLE OF FORI	VIS AND EN	DORSEME	NTS		
COUNTERSIGNED			BY				
	(Date)				(Au	thorized Represe	entative)
NOTE OFFICERS' FACSIMILE SIGNATU	RES MAY	BF INSFR	TED HER	F ON THE	- Pα	OLICY COVER (OR FI SEWHERE

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AT THE COMPANY'S OPTION.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

Coverage Form next to the na	me of the coverag	е.	_
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY	PREMIUM
LIABILITY	<i>'</i>		
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS,	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COV- ERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO".	
	l	TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

^{*}This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

		DESCRIPTION						Pl	JRCH	ASED		TEF	RRITORY	
Covered Auto No.	Yea Seria	ır, Mod al Num	del, Trade nber (S) Ve Numbei	hicle Ide	Body Type entificatio	e on	Original Cost New			Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged		
					CLAS	SIFICATI	ON							
Covered Auto No.	Radius Of Operation	Of Use GC Vehicle		Size GVW, GCW Or Vehicle Seating Capacity		R	Primary Secondary Rating Rating Factor Factor		Code	Towing Dama Paya And	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below			
							Liab.	Phy. Dam.				As Interests May Appear At the Time Of The Loss.		
_														
Covered Auto No.			COVER or I	imit ent	ry in any o	column b	elow mear	ns that t	the lin	6 (Absence on the control of the con	ible entı	uctible ry		
Auto Ito.		LIAB	ILITY		Р	ERSONA PROTE	L INJURY		AD	DED P.I.P	PROPERTY PROTECTION (Michigan Only)			
	Limit		Premium Limit Sta In Each F Endt. Mi Deducti Shown B		h P.I.P. Minus Ictible	Premium		Premium For Limit Stated In Each Added P.I.P. Endt.		In Endi Dec	t Stated P.P.I. t. Minus ductible vn Below	Premium		
													,	
Total Premium														

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.		COVERAGE or limit	entry in any co	lumn below m	DEDUCTIBLE eans that the lir WO column ap	mit or deductik	a deductible ble entry				
	AUTO ME	DICAL PAYM	ENTS	MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)							
	Limit	Pre	mium	Limit S Medica Income Lo For E	nt	Premium					
Total Premium											
Covered Auto No.		COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Auto No.	COMPRE	HENSIVE		OCAUSES OSS	COLL	ISION	TOWING & LABOR				
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium			
Total Premium											

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS USED IN YOUR TRUCKING OPERATIONS									
ESTIMATED	COST OF HIRE	RATE PER EACH \$100 COST OF HIRE TOTAL E			ESTIMATED PREMIUM				
	LIABILITY COVER		ATING BASIS, COST O		JTOS NOT US	SED IN			
STATE	ESTIMATED CO OF HIRE FOR EACH STATE		RATE PER EACH \$100 COST OF HIRE		(If Liability is Primary)	PREMIUM			
	<u> </u>			TOT <i>A</i>	AL PREMIUM				
	LIABILIT	COVE	RAGE - RATING BASIS	NUMBER (OF DAYS -				
	(FOR MOB	ILE OR	FARM EQUIPMENT - F	ENTAL PER	RIOD BASIS)	_			
STATE	ESTIMATED NUMBI DAYS EQUIPMENT BE RENTED		BASE PREMIUM	FAC	CTOR	PREMIUM			
	DETENTED								
	TOTAL PREMIUM								

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.			
		•	TOTAL PREMIUM	

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- **(b)** The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		
Number Of Partners		
	TOTAL	

ITEM SIX

TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE			
SPECIFIED CAUSES OF LOSS	STATED IN ITEM TWO		
COLLISION			
		TOTAL PREMIUM	_

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS RATING BASIS - LIABILITY COVERAGE

		RA	TES					
ESTIMATED YEARLY	Per \$100 (of Gross Receip	ots			PREM	MIUMS	
Gross Receipts	LIABILITY	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)	LIABILITY	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)
			TOTAL					
			MINIMUM	PREMIUMS				

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- **A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

TRUCKERS COVERAGE FORM DECLARATIONS

Policy Number

ITEM (ONE								
Name	d Insured					Agent Nar	me		
		_							
						Effective [Date:	12:01	A.M., Standard Time
						Agent No.			
ITEM	TWO - SCHEDULE OF	F CC	VERAGES	AN	D COV				
covera covera	olicy provides only tho ages will apply only to t age by the entry of one o the name of the cover	those or m	e "autos" sh nore of the	howr	n as cov	vered "autos". "A	utos" are shown as	covered "au	utos" for a particular
	Coverages Covered Autos** The mo			most we will pay	Limit for any one accider	nt or loss	Premium		
Liabilit	У	\longrightarrow				Color Color discolor	' D. D. andanaan	. 1	_
	nal Injury Protection**	*	ı		minus	s Dec		ent	
Added	Personal Injury					rately stated in earsement.	ach added P.I.P.		
Propei (Michi	Property Protection Insurance (Michigan only)				Separ	rately stated in th	e P.P.I. endorseme led. for each accider		
	al Payments	$\overline{\longrightarrow}$							
Loss E	al Expense and Income Benefits (Virginia Only)	<u>+</u>	<u> </u>		Separ come	Separately stated in each Medical Expense and Income Loss Benefits Endorsement.			
	ured Motorists				<u> </u>				_
	insured Motorists (Whe cluded in UM Coverage		<u> </u>						
I N T T	Comprehensive Coverage				Actual		whichever is le	ess	
TERCHAN	Specified Causes of Loss Coverage			CC	cash alue, ost of epair	loss caused by	whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.		
R N G E	Collision Coverage			Ī -	or	whichever is less, minus ded. for each covered auto.		covered	
P H D	Comprehensive Coverage			c	ctual cash llue or	ded. for each covered auto, but no ded. applies to loss caused by fire or lightning.****			
Y A S M	of Loss Coverage			re w	ost of epair, hich-		ded. for each of aused by mischief o		
I A C G A E	l				ver is less ninus	auto.****	ded. for each		
L	Towing and Labor			"Pr	ivate P	for ea 'assenger Auto".	ch disablement of a		
	and Endorsements ap			over	age pa	rt and made a	Tax/Surcharge/Fe	ee	
part of	f this policy at time of is					_	Premium for Endo		
* Thi	SEE SCHEDULE OF is policy may be subject						*Estimated Total F f the symbols from t		ED AUTOS Section
***	Or equivalent No-Fault	t Cov	/erage *	****	of the Ti Or equ	ruckers Coverag	ge Form shows which lo-Fault Coverage	h autos are	covered autos.
****	See ITEM FOUR for Hi	red ر	or Borrowe	∌d "A	utos"				

TR-DEC (1)-CW (01/05) Page 1 of 3

Policy N	Policy Number: TRUCKERS' DECLARATIONS (Continued)									
ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.										
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS										
State	State Estimated Cost of Hire Rate Per Each \$100 Cost of Hire Total Estimated Premium								ed Premium	
	<u> </u>									
	<u> </u>									
					Total Pre	emium				
LIABILIT	Y COVER	AGE -RA	TING B	ASIS, COS	ST OF HIRE - AUTOS	I.			CKING O	PERATIONS
State		ed Cost of Each State		Rate Per I	Each \$100 Cost of Hire		actor (if Liabilit erage is Prima			Premium
	 					 				
	<u> </u>			 						
	-			1			Total Pre	mium		
							_	_		
PHYSIC	AL DAMA	GE COVER	RAGE							
					nsurance		Estimated	Fa	ate Per ch \$100	
Cove	erages			The Most V Deduc	•		Annual Cost of Hire	[[] A	nnual t of Hire	Premium
				never is less		ded.				
Compre	ehensive	Actual	1		I auto, but no ded. a y fire or lightning.	pplies				
Spe	cified	cash value,	1	never is less	•	ded.		\top		
	s of Loss	or cost of	1	ach covered nief or vanda	l auto for loss cause alism.	d by				
repair,					ded.					
00	131011		for ea	ach covered	auto.					
								Total F	Premium	
2 4 -4							_	_	_	_
	Hire means									
(a) The	total dollar	r amount c	of costs	you incurr	ed for the hire of aut	tomobile	es (includes tr	ailers a	and semitra	ailers), and if not

- included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

TR-DEC (2)-CW (01/05) Page 2 of 3

Policy Number	r:					TRU	CKERS' D	ECL	ARATIONS (C	ontinued)
ITEM FIVE — S	SCHEDULE I	OR NON-OWN	ERSHIP LIA	BILIT	Y.					
	Rating Basis	3	ľ		Numbe	r		Premium		
Num	nber of Emplo	oyees								
Nu	mber of Parti	ners								
						Total Premium				
ITEM SIX —TF	RAILER INTE	RCHANGE COV	/ERAGE							
Coverages Limit of			Insurance			Daily Rate			Estimated P	remium
Comprehensiv	⁄e									
· ·			ted in							
Collision										
				Total Premium						
ITEM SEVEN	SCHEDUL	E FOR GROSS	RECEIPTS F	RATIN	IG BAS	IS – LIABILITY (COVERAG	ε.		
		Rate	s							
Estimated		Per \$100 of Gro					P	remi	ums	
Liability Med		Auto Medical Payments	Medical Expense Benefits (VA only)	L Bei	come oss nefits Only)	Liability Coverage	Auto Medica Paymer	al	Medical Expense Benefits (VA. only)	Income Loss Benefits (VA.only)
			Tota	l Prer	miums					
			Minimum	n Prer	miums					
When used as	a premium b	asis:			·					

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation.

"Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- **A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- **B.** Advertising revenue.
- **C.** Taxes which you collect as a separate item and remit directly to a governmental division.
- **D.** C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Created by SERFF on 07-05-2007 10:04 AM

Rate Information

Rate data does NOT apply to filing.

Created by SERFF on 07-05-2007 10:04 AM

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-

Property & Casualty

Approved

07-05-2007

Comments:

Attachment:

 $industry_rates_PCtransDoc_intelligent.pdf$

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. In:	surance l	Department	Use only			
	Dept. Use Only	a. Da	te the filin	g is received	l :			
		b. Ana	alyst:					
		c. Dis	position:					
		d. Da	te of dispo	e of disposition of the filing:				
		e. Effe	ective date of filing:					
			New Business					
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3.	Group Name					Group NAIC #		
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4.	Company Name(s)		Domicile	NAIC #	FEIN#	State #		
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5.	l Company Tracking Number							
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6.	ntact Info of Filer(s) or Corporate Name and address					e-mail		
6. 7.	Name and address Signature of authorized filer	Title				e-mail		
7. 8.	Name and address Signature of authorized filer Please print name of authorized	Title ed filer	Tel	ephone #s	FAX#	e-mail		
7. 8.	Name and address Signature of authorized filer Please print name of authorized ng information (see General I	Title ed filer	Tel	ephone #s	FAX#	e-mail		
7. 8.	Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title ed filer nstruction	Tel	ephone #s	FAX#	e-mail		
7. 8. Filli	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction o-TOI) (s)(if	s for desc	ephone #s	FAX#	e-mail		
7. 8. Filii 9. 10.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Required	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s	FAX#	e-mail		
7. 8. Filii 9.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	riptions of th	FAX#			
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title ed filer nstruction o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	FAX # nese fields) [] Rules [] Fabination Rates/R	Rates/Rules		
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7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized filer In the second of t	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	rese fields) [] Rules [] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the e/Loss Cost ms [] Con ndrawal[] (FAX # nese fields) [] Rules [] Fabination Rates/Rother (give desconder) Renewa	Rates/Rules tules/Forms tription)		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #:
ıA	mount:
	r to each state's checklist for additional state specific requirements or instructions on
calc	ulating fees.
***R	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies
	uired, other state specific forms, etc.)
PC ⁻	TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[]New []Replacement []Withdrawn		

PC FFS-1